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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875  Application or Docket Number 2826001.000003										mber		
		CL	AIMS AS (Colu	FILED -	- PART I (Col		SMALL E	ENTITY	OR		R THAN ENTITY	
FOR NUMBER FILED NUMBER EXTRA					R EXTRA		RATE	FEE		RATE	FEE	
BASIC FEE (37 CFR 1.16(a))							\$_385	OR		s		
	AL CLAIMS CFR 1.16(c))		7	minus 2	) = •			x s=		OR	x \$=	
	PENDENT CLAIN OFR 1.16(b))	/IS		minus 3		<u>.</u>	ŀ	x s=		OR	x \$=	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))							+s =		OR	+s =		
* If the difference in column 1 is less than zero, enter "0" in column 2.						l	TOTAL	385		OROTAL		
								TOTAL	303	ı	GOTAL	
	CLAIMS AS AMENDED - PART II											
	(Column 1) (Column 2) (Column 3)						SMALL E	NTITY	OR	OTHER THAN SMALL ENTITY		
ENT A		RE	CLAIMS MAINING AFTER ENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Ĭ	Total (37 CFR 1.16(c))	*		Minus	**	=		x \$=		OR	x \$=	
AMENDMENT	Independent (37 CFR 1.16(b))	*		Minus	***	=		x s=		OR	x \$=	
ΑM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						1	+s =		OR	+s =	
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
		(Co	olumn 1)		(Column 2)	(Column 3)	_			_		
ENT B		RE	CLAIMS MAINING AFTER ENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
)ME	Total (37 CFR 1.16(c))	*		Minus	**	=		x \$=		OR	x \$=	
AMENDMENT	Independent (37 CFR 1.16(b))	•		Minus	***	=		x \$=		OR	x \$=	
₽	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+\$ =		OR	+ s =		
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
(Column 1) (Column 2) (Column 3)												
:NT C		RE	CLAIMS MAINING AFTER ENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ME	Total (37 CFR 1.16(c))	•		Minus	**	=	1	x \$=		OR	x \$=	
AMENDMENT	Independent (37 CFR 1.16(b))	·		Minus	***	=	1	x \$=		OR	x \$=	
¥	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							+ \$=		OR	+ \$=	
	<del></del>						•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.      If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".      If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".												

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

2826001.000003

CLAIMS AS FILED - PART (Column 1)					(Column 2)			SMALL ENTITY TYPE			OTHER THAN	
TO	OTAL CLAIMS	,	7				. [	RATE	FEE	<b>1</b>	RATE	FEE
FC	)R		NUMBER FILED		NUMBER EXTRA			BASIC FEE			BASIC FEE	770.00
		ADJE OLAIMO					ŀ		000.00	OR		770.00
10	OTAL CHARGEA	BLE CLAIMS	7 mir	nus 20=	* *			X\$ 9=		OR	X\$18=	
	DEPENDENT CL			inus 3 =	_ حم			X43=		OR	X86=	
ML	ILTIPLE DEPEN	NDENT CLAIM PR	RESENT					+145=		OR	+290=	
* If	the difference	e in column 1 is	less than ze	ero, enter	"0" in c	olumn 2	L	TOTAL	385	OR	TOTAL	
CLAIMS AS AMENDED - PART II OTHER THAI											THAN	
	· · · · · · · · · · · · · · · · · · ·	(Column 1)		(Column 2) (Column 3				SMALLE		OR	SMALLE	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	*	Minus **			=		X\$ 9=		OR	X\$18=	 
AME	Independent			Minus ***		=		X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=	
• .								TOTAL		L L	TOTAL ADDIT, FEE	
		(Column 1)	ADDIT. FEE L		,	ADDII. FEE						
		CLAIMS		(Colum	ST	(Column 3)	Г	<del></del> T	ADDI-			ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL FEE_		RATE ·	TIONAL
NON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
MEN	independent	4	1. 4. 7	i	,		_					
Z		*	Minus	***				X43=	1	OR	X86=	
AM		* NTATION OF MU	L	<u> </u>	CLAIM	=		1		OR		
AM			L	<u> </u>	CLAIM	=		+145=		OR	+290=	
AM			L	<u> </u>	CLAIM		A	1		OR		
AM		NTATION OF MU (Column 1)	L	PENDENT (	ın 2)	(Column 3)	AI	+145=		OR	+290=	
O		I NTATION OF MU	L	PENDENT	in 2) ST ER USLY		AI	+145= TOTAL DDIT. FEE	ADDI- TIONAL FEE	OR	+290=	ADDI- TIONAL FEE
O	FIRST PRESE	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	L	(Colum HIGHE NUMB) PREVIOU	in 2) ST ER USLY	(Column 3)	AI	+145= TOTAL DDIT. FEE	ADDI- TIONAL FEE	OR	+290= TOTAL ADDIT. FEE	TIONAL
O	FIRST PRESE	(Column 1) CLAIMS REMAINING AFTER AMENDMENT *	JLTIPLE DEP	(Colum HIGHE NUMB PREVIOU PAID F	in 2) ST ER USLY OR	(Column 3) PRESENT EXTRA	A	+145= TOTAL DDIT. FEE	ADDI- TIONAL FEE	OR OR	+290= TOTAL ADDIT. FEE RATE	TIONAL
	FIRST PRESE	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	JLTIPLE DEP	(Colum HIGHE NUMB PREVIOU PAID F	in 2) ST ER USLY OR	(Column 3) PRESENT EXTRA		+145= TOTAL DDIT. FEE  RATE  X\$ 9=  X43=	ADDI- TIONAL FEE	OR OR	+290= TOTAL ADDIT. FEE  RATE  X\$18=  X86=	TIONAL
AMENDMENT C	Total Independent FIRST PRESE	(Column 1) CLAIMS REMAINING AFTER AMENDMENT  * NTATION OF MU	Minus Minus JLTIPLE DEP	(Colum HIGHE NUMBI PREVIOU PAID FO	in 2) ST ER USLY OR	(Column 3)  PRESENT EXTRA  =		+145= TOTAL DDIT. FEE  RATE  X\$ 9=  X43=  +145=	ADDI- TIONAL FEE	OR OR	+290= TOTAL ADDIT. FEE  RATE  X\$18=  X86=  +290=	TIONAL
* * AMENDMENT C	Total Independent FIRST PRESE	(Column 1) CLAIMS REMAINING AFTER AMENDMENT *	Minus Minus JLTIPLE DEP	(Colum HIGHE NUMB) PREVIOU PAID FO	In 2) ST ER USLY OR CLAIM	(Column 3) PRESENT EXTRA  = =		+145= TOTAL DDIT. FEE  RATE  X\$ 9=  X43=	ADDI- TIONAL FEE	OR OR OR	+290= TOTAL ADDIT. FEE  RATE  X\$18=  X86=	TIONAL